## **MASSACHUSETTS RESIDENTS**

INJURY CAUSE	INJURY INTENT							Crude
	Intentional			0110	Total	Percent	Rate per	
	Uninten- tional	Self- Inflicted	Assault	Undeter- mined	Other & Legal <sup>1</sup>	Number	of Total	100,000 <sup>2</sup>
Cut/pierce	708	530	447	19	0	1,704	3.1	26.6
Drowning/submersion	35	0	0	1		36	0.1	0.6
Fall	25,740	37	7	16		25,800	46.5	402.1
Fire/burn	454	32	5	8		499	0.9	7.8
Fire/flame	171	30	4	6		211	0.4	3.3
Hot object/substance burn	283	2	1	2		288	0.5	4.5
Firearms	31	5	251	19	4	310	0.6	4.8
Machinery	240					240	0.4	3.7
Natural/environmental	1,012	4		5		1,021	1.8	15.9
Dog bites	153	0		0		153	0.3	2.4
Other bites & stings	488	0		0		488	0.9	7.6
All other	371	4		5		380	0.7	5.9
Overexertion	1,056					1,056	1.9	16.5
Poisoning	2,145	3,019	1	550	1	5,716	10.3	89.1
Struck by, against	1,170	·	606		12	1,788	3.2	27.9
Suffocation/hanging	395	36	1	0		432	0.8	6.7
Transport Injuries:	5,339	9	0	2		5,350	9.7	83.4
Motor vehicle traffic-related	4,358	9	0	2		4,369	7.9	68.1
Occupant	2,925					2,925	5.3	45.6
Motorcyclist	538					538	1.0	8.4
Pedal Cyclist	115					115	0.2	1.8
Pedestrian	614					614	1.1	9.6
Other person	25					25	< .1	0.4
Unspecified person	141					141	0.3	2.2
Pedal cyclist, other	345					345	0.6	5.4
Pedestrian, other	60					60	0.1	0.9
Other transport	576					576	1.0	9.0
Other specified & classifiable	2,239	8	157	0	2	2,406	4.3	37.5
Human bites	24	0	47	0	0	71	0.1	1.1
Non-powder guns	5	0	4	0	0	9	< .1	0.1
Other specified & classifiable	2,210	8	106	0	2	2,326	4.2	36.3
Other specified, not classifiable	788	120	165	100	20		2.2	18.6
Unspecified	2,943	32	187	26	4	3,192	5.8	49.7
Adverse effects <sup>3</sup>						2,484	4.5	38.7
Cause and Intent are not provided						2,201	4.0	34.3
TOTALS <sup>4</sup>	44,295	3,832	1,827	746	43	55,428	100%	863.8
RATE BY INTENT/per 100,000	690.3	59.7	28.5	11.6	0.7	, -		

Source: Massachusetts Hospital Discharge Database, MA Division of Health Care Finance and Policy.

<sup>\*</sup>All data sets from Health Care Finance and Policy are based on a fiscal year. The numbers provided here are based on fiscal year: October 1, 2004 - September 30, 2005 and will be different than numbers generated through the Department's query based system MassCHIP.

<sup>&</sup>lt;sup>1</sup> Legal Intervention includes injuries resulting from police actions and operations of war.

<sup>&</sup>lt;sup>2</sup> Rates are not calculated on counts of less than five. Rates that are based on counts less than twenty may be unstable.

<sup>&</sup>lt;sup>3</sup> Adverse Effects can be related to medical and surgical care procedures, or to the use of therapeutic substances (including allergic reactions).

<sup>&</sup>lt;sup>4</sup> Totals do not include subcategory counts. Total percentage may be less or more than 100% due to rounding, but is presented here as 100%.

<sup>—</sup>An injury hospitalization is defined as any case having an ICD9-CM Nature of Injury Code of 800-999 assigned to any of the ICD9 diagnosis fields [cases having the following codes are excluded if no other valid ICD9-CM code is assigned: Certain Adverse Effects (995.0-995.4, 995.6, 995.7, 995.86, 995.89), Complications of Surgical & Medical Care (996-999), and certain Late Effects (909.3, 909.5)]

<sup>—</sup>Categories and groupings are based on a modified version of the CDC's "Recommended framework of E-code groupings for presenting injury mortality and morbidity data." This framework does not provide for intentionality for certain cause categories as indicated by gray shading.

<sup>—</sup>Injury subcategories are italicized.

<sup>—</sup>Only Massachusetts residents with valid MA zip codes are included in this analysis.

<sup>—</sup>Injury hospitalization cases transferred to another acute care facility or subsequently dying in the hospital, are excluded from this analysis.

<sup>—</sup>Population data used to calculate rates are based on 2004 population estimates released August 11, 2005 by the US Census Bureau. Estimated 2004 Massachusetts population is 6,416,505. Rates are per 100,000 residents.

<sup>—</sup>Data were extracted and compiled by the Injury Surveillance Program, Center for Health Information, Statistics, Research & Evaluation, MDPH, May 2006.